

## AFFIDAVIT OF CHILD SUPPORT

**Head of Household:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I reside at

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(Home Address)

Phone: \_\_\_\_\_

I provide financial support for my child, \_\_\_\_\_, in the following manner(s):

- |   |        |         |
|---|--------|---------|
| <input type="checkbox"/> Cash payments \$ _____   | weekly | monthly |
| <input type="checkbox"/> Infant supplies \$ _____ | weekly | monthly |
| <input type="checkbox"/> Clothing \$ _____        | weekly | monthly |
| <input type="checkbox"/> Shelter \$ _____         | weekly | monthly |
| <input type="checkbox"/> Other \$ _____           | weekly | monthly |

### Oath and Affirmation

I, the undersigned, hereby affirm the authenticity of all information provided in this affidavit and accompanying documentation.

I authorize the City of Marietta to review, examine or verify any and all documents and records, and related data, which may assist in clarifying my separate residence from my spouse. I understand that any false or misleading information in this affidavit, or documents provided to support this affidavit, may result in civil or criminal penalties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* The petitioner should note before signing that any willfully false statements made herein may result in prosecution for violation of Georgia laws 1978.pp.1249, 1310, which states that convictions of false swearing shall be punished by a fine of not more than \$1000 or imprisonment for not less than one or more than five years, or both.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_